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C CONTEMPORARY NARRATIVES OF SENILITY

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This essay explores the various ways of talking about senility and how the two competing (or, possibly, complementing) discourses—the biomedical dementia discourse and the discourse of senility as part of “normal” aging—affect our perception of and attitudes toward old age. Moreover, I explore the role of fiction in articulating senility.

As my approach combines critical gerontology with narratological analysis, it belongs to the burgeoning domain of literary gerontology, a discipline that embraces various literary genres from fiction to nonfiction. This double perspective of literary studies and cultural gerontology makes it possible to examine senility as a historically and culturally specific concept and phenomenon. My aim is to demonstrate with two examples from contemporary Russian short prose (Nina Katerli’s story “Na dva golosa” [In Two Voices] and Nina Sadur’s story “Stul” [The Chair]) how a literary work can be related to prevailing cultural, sociological, and medical discourses on and norms of aging. With tools of narratology I shed light on the literary devices deployed in the stories to articulate the experience of senility from the viewpoint of the elderly protagonists themselves.

Keywords: Dementia; Senility; Literary Gerontology; Russian Prose

MASTER NARRATIVES OF AGING

In today’s globalized world there are two master narratives of aging, namely the “decline narrative” and that of “successful aging.” Apart from creating global aging identities, these overarching cultural narratives affect our individual experience of aging. However, the most persistent narrative associated with old age is that of loss and decline, according to which our physical strength and mental resilience are gradually weakened to the point that we are no longer capable of leading an independent life. The most severe form of the decline narrative is related to persons with dementia illnesses.

In any case, discussions in the media about dementia do not usually deal with the experience of those afflicted by the disease, but rather approach the subject from the point of view of medical or economical concerns using the discursive language characteristic of these domains. The cultural meanings embedded in the very way we talk about aging are often overlooked. Whose voice is heard in the discussions? From

whose perspective and in what “language” do we convey the experience of aging and senility? It is essential to ponder these questions as they affect our general perceptions of and attitudes toward old age.

BIOMEDICAL DEMENTIA NARRATIVE

According to the master narrative of dementia supported by the biomedical model of the condition, dementia denotes progressive brain diseases that affect the cognitive skills, memory, emotional life, and behavior of the person afflicted with it to such an extent that everyday activities become difficult. This tragic narrative of decline culminates in the intimidating loss of “self.” However, even as a medical term dementia is not unambiguous. It refers to a complex syndrome. In common speech Alzheimer’s disease (AD) is used synonymously with dementia, although AD is the most common disease causing dementia. AD was diagnosed and defined as a disease as early as 1908, but it became the “epidemic of our time” starting in the 1970s. The confusion between the terms illustrates the confusion around the very phenomenon that we are confronted with.¹

The biomedical narrative’s emphasis on dementia as a progressive illness that cannot be cured derives from biomedical determinism. As a consequence of the narrative, a person with dementia may be stigmatized as an anomaly, even as someone who has lost his/her human nature. In fact, the very term “dementia” (Lat. *demens*, *dement*: being out of one’s mind) is associated with mental disorders, with insanity.² In combination with problems caused by demographic aging in the Northern Hemisphere dementia has become the major threat associated with old age.

In the medical and popular discourses dementia is almost always linked with old age. The increasing tendency to medicalize old age has led to a situation where the process of physical and cognitive decline, regarded earlier as part of “natural” aging, has become a disease.³ Before the present prevalence of biomedical discourse, senility was considered as part of the ordinary course of aging. The perception of an elderly person as “naturally” senile has transformed into the perception of a person with an incurable illness, which at its worst dehumanizes those living with dementia.

¹ As Zimmermann (2017:72), among others, asserts, AD, the most common form of dementia among the elderly, has become a synecdoche for all kinds of dementing illnesses in the developed world. The outcome of this confusion of terms and difficulties in their definitions is that both conceptions, dementia and AD, have become value-laden terms invoking not only anxiety about old age but also dread about mental illness.

² For a discussion of the history of dementia as a form of madness, see Foucault ([1972] 2006:252–262). Interestingly, Foucault emphasizes the perception of dementia as having no positive dimensions, unlike such forms of madness as “mania” or “melancholy,” which were linked to creativity, even genius. There seemed to be no way to enter the inner world of a demented: “As a form of madness, dementia is only lived and considered from the outside; it is a limit where reason is abolished in an inaccessible absence” (257).

³ The medicalization of old age started in the nineteenth century when research on anatomy focused on the human body, on the aging, degenerating body in particular. This focus has led to an increase in medical diagnoses connected to aging (Katz 1996:27–48).

Along with the biomedical discussion, dementia is most often approached from the sociopolitical point of view focusing on the exponentially increasing costs to the society's national economy caused by the care for persons with dementia. These discourses representing economic and medical perspectives provide a view of dementia from the outside. Allegedly neutral, but with the negative undercurrent, they have a strong impact on public attitudes toward those afflicted with the condition. And since it is the elderly who are mostly struck by dementia, the negative attitudes can be attached to the old population in its entirety.

In the wake of the spreading "Alzheimer epidemic," the medicalization of senility and the high cost of the care to the society have been adopted in the public mind as facts, which can be witnessed by the increasing flow of popular representations of dementia in the media: in documentary films, newspaper articles, and blogs on the internet. As Renée L. Beard (2017:686) maintains, AD is not just a pathological condition but a social artifact that has taken on a life of its own. It has become a cultural construct created by people and within social institutions.⁴

The popular discourses are keen on using metaphoric language. Metaphors are used in all languages and cultures because they offer a way to tackle difficult and often abstract phenomena, such as, for example, death and illness. It may be difficult to face a serious illness and, instead of calling it by its name, in such a situation a euphemism may come in handy. An incurable illness whose etiology remains obscure may often be conceived of as something more than just a pathological state. The disease may appear as a threat that can be transformed into a metaphor for everything that is regarded as bad, dangerous, and destructive. Despite the fact that the neurobiological basis of dementia is widely known and recognized at least in the developed countries, the feared disease is still regarded mysterious.

Metaphors of dementia seem to embrace the most horrifying dreads of mankind. In the wake of the media, in common speech, too, the growing threat of dementia is compared to an epidemic or plague and is described in terms of a crisis or a time bomb. Metaphors referring to natural disasters, such as "a silent tsunami" or "a rising surge," are common. As Hannah Zeilig (2014a:260–262) has noted, besides natural catastrophes, dementia also evokes mythical imagery. It is a metaphysical monster, the "demon of the century" that has to be fought against. These monsters are deeply rooted in the common cultural fear of insidious intruders that steal us from ourselves. The imagery of horror films is often associated with AD, and persons in the grip of the disease are often depicted as "the living dead," "zombies," "lower primates," or "vegetables." Metaphors of this type refer to the eradication of personality in the late stages of the disease. The condition itself has been connected to metaphors of death, such as "death before death," "social death," and "endless funeral."

As the metaphors testify, dementia has been persistently linked solely with death and suffering. So, one can with good reason pose the question whether the exclusively negative associations have turned dementia itself into a metaphor. Has demen-

⁴ For an in-depth discussion of the "Alzheimer's construct" and its history, see Herskovits (1995).

tia become in our minds a metaphor of aging accompanied by a fate worse than death? According to this metaphor, those afflicted with dementia are no longer individuals but a flock of voiceless victims whose fate is preordained by the diagnosis.

DISCOURSES OF SENILITY IN RUSSIA

With regard to negative stereotypes of aging and the elderly, Russia is no exception. The Russian media reinforce images of old age as a phase of life characterized by physical and mental decay, illness, poverty, dependence, and helplessness.⁵ In spite of the negative attitudes, Russia as a historically and culturally diverse and geographically large country embraces various views of aging that coexist in people's minds. These views are dynamic and change at different tempos, and not necessarily in the same direction, depending on the social group in question. Consequently, there does not exist a distinctive, generally accepted view of old age in today's Russia.

Perceptions of old-age memory disorders also differ. Bio-deterministic conceptions of dementia as a pathological illness are not as widely accepted as in the Western world.⁶ The very term "dementia" is not well known among the population and it is often replaced by the Russian term for senility *starcheskoe slaboumie* or the more colloquial *starcheskii marazm* ("old-age feeble-mindedness").⁷

It is still common to perceive senility as belonging to a more or less normal process of aging. Despite this fact, the emergence among specialists as well as the general public of new social phobias and horror associated with old age testifies to the transformation of cultural conceptions concerning the elderly due to the growing consciousness of the biomedical model.⁸

It is difficult to ascertain an accurate picture of the public awareness of dementia in Russia. The complexity of defining dementia is reflected also in statistical in-

⁵ For a discussion of stereotypes associated with old age and the elderly, see, e.g., Starikova (2011).

⁶ In a survey conducted in 2014 only 16 percent of the respondents identified or admitted to have persons with dementia in their immediate circle. Almost half of the respondents were not able to name a single symptom of dementia (Drobnaia 2014).

⁷ In most dictionaries *slaboumie* and *dementsiia* are defined as synonyms. Both terms refer to an acquired brain disease (see, e.g., *Tolkovyi slovar' po meditsine* n.d.). Interestingly, as late as 2008, in *Kratkii tolkovyi psikhologo-psikhiatricheskii slovar'* (2008) *dementsiia* is defined as "being used in North America in cases where reference is made to adults with 'feeble-mindedness,' whose intellectual development is equal to the development of children from 84 to 143 months of age, with an IQ of 50–74." This definition illustrates the unfamiliarity of the term "dementia" in Russia. The term *marazm* (from Greek *marasmos*) signifies extinction or exhaustion (depletion of strength). It refers to a pathological exhaustion of organism, of mental activities in particular with gradual extinction of all life processes (see, e.g., *Sovremennaia entsiklopediia* 2000).

⁸ In Russia as well as in other countries media discourses of AD concern mostly the ways to prevent AD. According to scientists, prevention is the key element to cope with the "epidemic." A growing consensus has emerged that, although a drug treatment is desperately needed, we all are responsible for reducing the risk of developing AD by living a healthy lifestyle (see, e.g., RIA Novosti and Enikeeva 2018; Zorina 2018).

formation. There is a significant gap between official statistics and the reality. Reliable statistics of the number of people afflicted with dementia in Russia are not available.⁹

It is estimated by specialists that in Russia there are 1.7–2 million people afflicted with dementia, of whom more than a million suffer from AD. However, according to the Russian Ministry of Health, only 7,500 patients have been diagnosed with AD. It is beyond the scope of this essay to discuss in detail the possible reasons for the discrepancy between figures proposed by the official data and the specialists, but there are certain reasons that seem to complicate the acquisition of reliable data on the prevalence of dementia in the country.

Moreover, as was already mentioned, the term itself is not as commonly used in Russia as in the Western world, and, consequently, senility may be referred to with various terms. The relatively low level of knowledge about dementing illnesses leads to situations where symptoms are not regarded as indicating an illness but rather as belonging to the process of aging. As a result, relatives of the senile person turn to a doctor only when they cannot cope with the situation. Doctors may similarly settle the matter by stating simply that the symptoms are due to old age (“это возрастное”) and therefore there is no need for medication. Doctors may be reluctant to make a dementia diagnosis for various reasons. Suffice it to say that it can be partly explained by the fact that they do not want to take the responsibility for its consequences with respect to the legal capacity of the diagnosed person as well as the state’s economy.¹⁰ In addition, the division between dementia and AD diagnoses makes it more difficult to get an accurate overall picture of the current situation. In Russia dementia is conceived as a psychic disorder and diagnosed as such by a psychiatrist, whereas AD is classified as a neurological disorder diagnosed by a neurologist. Obtaining a dementia diagnosis is a taboo both for the person himself/herself and for his/her relatives. Because of the stigma accompanying the diagnosis and the possible resultant social relegation, the condition is discussed only in the inner circle of the family or referred to with euphemisms like *skleros* (sclerosis).

To sum up, according to specialists, Russian society is not yet ready to deal properly with the problem of dementia. There are plenty of people both among medical practitioners and the general public who do not conceive dementia as a pathological condition but regard its symptoms as “normal” signs of aging and think that there is no need for medical intervention.¹¹

⁹ See, e.g., Shevchenko (2018) or Kul (2017). According to some sources, the Ministry of Health has initiated a survey of the prevalence of dementia in Russia, which should have been accomplished by the end of 2019 (see Vorontsova 2018).

¹⁰ On the basis of the diagnosis the patient can be deprived of his/her legal capacity, which may have serious consequences: relatives may lay claim to the patient’s apartment, for instance. The diagnosis also indicates an acknowledgement of disability, which will cause extra costs for the state, and some sources claim that the doctors are given silent orders not to increase the number of disabled in the country (Kul 2017).

¹¹ See, e.g., Sigida (2017) or Repenko (2018).

On the subject of metaphors of dementia, the Russian ones seem to be similar to those in the Western world. Metaphors are often placed in headlines of articles, which undoubtedly is meant to capture the readers' attention, but, simultaneously, such headings corroborate the stereotypical horror images of the condition. Here are a few typical examples of the metaphoric language used in the media: "старческое слабоумие – грядущая чума XXI века" (senility is the impending plague of the twenty-first century) and "через 20 лет каждый россиянин может стать жертвой болезни Альцгеймера" (in 20 years' time every Russian can become a victim of AD) (Kovachich 2019), or "скоро Россию захлестнет эпидемия слабоумия, которую никто не ждет" (soon Russia will be seized by an epidemic of senility expected by no one) (Granina 2017). Researchers of the discursive construction of dementia have pointed out that we should be careful with the use of such potentially homogenizing and patronizing words like "victim" or "sufferer" (McInerney 2017:409).

The construction of the impending threat may be illustrated with photographs of old people. An appalling example is an article titled "Маразм крепчает" (Senility gains strength; Granina 2017) where the heading is accompanied with a photo of an elderly man with hands covered in blood, which has no immediate connection to the text of the article. The subheading of the article is in line with the tone of the heading: "Родной человек превращается в животное" (A close person turns into a beast). Apart from beasts, dementia also turns those affected by it into "victims of AD," "freaks," "monsters," or "silly old fools." The demented torment the family in various ways, by "trying to suck dry their next of kin."¹²

LITERARY REPRESENTATIONS OF SENILITY

In addition to medical and social sciences and the media, various forms of art, including literature, participate in the construction of the dementia discourse. These cultural representations of senility reveal what we mean collectively when we talk about dementia and how we treat people living with it. They also disclose our attitudes toward old age.

Why is it important to examine literary representations of dementia/senility? Literary representations of senility may choose not to follow the stigmatizing pathological narrative equated with erasure of agency and meaning. At their best, literary accounts, fictional and documentary, enhance our understanding of dementia by immersing us in the lived experience of a dementing illness.¹³ However, it should be kept in mind that literary representations should not be conceived as direct reflections of experiences of aging, since they are closely linked to other cultural and social dis-

¹² To quote a few examples from Tsikulina (2017) and Kovachich (2019): "деменция часто превращает человека в монстра," "в квартире с монстром," "болезнь превращает стариков в чудовищ," "выжившие из ума старики," "больные деменцией пытаются выпить все соки из близких."

¹³ Bitenc (2012), among others, has explored the narrative ways in fictional representations of dementia that can enhance our understanding of the experience of the disease and evoke empathy toward demented protagonists.

courses about age and aging that influence not only our attitudes but also our ways of writing about the elderly. Fictional narratives are not constructed in isolation, but in discursive interaction with other discourses on aging. The ways the narratives of fiction are produced, received, and interpreted are affected by and, in their turn, affect our cultural attitudes toward old age. This is why the cultural and social contextualization of literary representations is crucial in the process of their analysis.

As mentioned above, the very term “dementia” is associated with insanity, and, consequently, the discourse of mental illness has often been adopted when writing about the condition from the perspective of an outsider. Most narratives about dementia that we encounter in the media are written from the outsider position, creating thus a distance between “them”—those afflicted with a dementing illness—and “us” as readers without the illness. Unlike the media or clinical narratives, literature—and fiction in particular—invites the reader to share the inner life of an elderly protagonist by letting the reader listen to his/her narrative of self and recognize the constitution of his/her own subjectivity and identity that goes beyond that of “an old senile.”

In her prominent book *Writing and Madness* Shoshana Felman writes that the specificity of literature lies in its constitutive relation to what culture has excluded under the label of “madness,” be it alienating strangeness, a disease, a delusion, or a transgressive excess (2003:2–6). Literary texts can communicate with what has been socially and culturally excluded, decreed abnormal, unacceptable, or senseless—such as a person with a mental disorder, including dementia. Starting in the nineteenth century when the clinical approach had already established its dominance over other discourses of “madness,” literary texts have provided a flexible mode not only of reclaiming the silenced discourse of “the mad” but also of expressing and rendering a meaning to the complexity of the phenomenon by illustrating individual, situated cases in such a way that the personal experience is linked to a broader social and cultural frame of reference. This way literary texts serve as case studies by asking and articulating what it means to be demented, to experience a trauma and social injury.

Despite having been socially, politically, and philosophically repressed, “madness” has made itself heard and survived as a speaking subject mainly through literature (Felman 2003:15). The production and interpretation of dementia as a literary phenomenon are gaining ground, which testifies to a growing interest in issues of aging among professional and nonprofessional writers as well as literary scholars. The roots of the increasing attention lie in the fact that during the past decades dementia has become a major concern of our times all over the world.

How does literature then communicate with dementia? What are the tools that a writer has at his/her disposal with which to convey the inner world of a person with a dementing illness? The writer can choose from various stylistically sophisticated ways, such as through the choice of the narrator’s position (reliability/unreliability, temporal, spatial, social, emotional distance from the subject matter, etc.); through the choice of the genre, theme, motives, and characters; through the use of stereotypes and metaphors to render his/her message (see, e.g., Felman 2003:4). The tools

and techniques of writing vary, and it is the job of literary scholars to shed light on the used devices and the content matter by methods of literary studies. As issues of old age are concerned, the approaches used here to analyze literary texts are those of critical gerontology and literary gerontology.

CRITICAL GERONTOLOGY

What is meant by critical gerontology? The basic argument of critical gerontology is that age or aging alone do not explain anything about an individual, that stereotypical perceptions and stories about age are cultural constructions that have to be challenged in order to open up new questions about personal, emotional, social, political, and other ideological constructions of age, aging, and old people. The new questions can concern interaction of age with gender, ethnicity, social status, and so on, and they aim not only to challenge the established perceptions but also to transform and enrich them with the intersectional approach. As critical gerontology looks at what is missing, standing in opposition to what is known or thought to be known about aging in general and dementia in particular, it affords some of the most useful perspectives for considering dementia as a cultural phenomenon (Zeilig 2011:19, 2014b:163). Critical gerontology belongs to the domain of cultural gerontology, and literary scholars were actually among the first academic scholars after historians to start investigating issues of aging in humanistic studies, giving rise to literary gerontology (Zeilig 2011:20).

LITERARY GERONTOLOGY

Literary gerontology is a comparatively new field of study that offers a dialogic relationship between literature and gerontology. The importance of literature and the literary approach to gerontological study is increasingly recognized. It began to develop in the 1980s mostly among Western scholars.¹⁴ In the past 30 years literary gerontology has widened its scope in terms of genre to encompass various genres from drama and performance to (auto)biography and poetry. In terms of cultural geography, it includes attention to non-Western writers, but, as Sarah Falcus notes (2015:58), its focus so far has been on Anglo-American and European literature.

The power of literature that lies in its ability to embrace contradictions, incompleteness, and possibility makes it a valuable area of study for gerontology (Falcus 2015:53). The potential of fictional representations of aging is in their capacity to enhance our understanding and to consider the large spectrum of the experience of age and aging in a society. No wonder that particularly in the last 10 years age has come to be seen as another way to approach literature. However, as Zeilig (2011:29–31) indicates, stories (fictional or “authentic”) are most insightful when they are contextualized and when fiction is treated as one in a range of cultural discourses. Contextual criticism is in fact an emerging trend in literary gerontology, which allows

¹⁴ For a brief history of literature and gerontology, see Falcus (2015:54–56).

scholars to look at literary representations of the elderly alongside medical, social, and psychological discourses of aging (Falcus 2015:56).

Literary gerontology has sometimes been accused of being methodologically flimsy. But, as Zeilig, among others, has aptly noted, it represents or offers neither a fixed methodology nor a conceptual framework, but draws on many methodological and disciplinary knowledges, including literary studies (2011:20; see also Falcus 2015:57). It uses critical gerontology as a general approach but deploys methods of literary studies (and those of other relevant disciplines) in the analysis. Literary scholars are thus free to choose their own concepts and methods.

My analysis of Nina Katerli's short story "Na dva golosa" (In Two Voices) and Nina Sadur's story "Stul" (The Chair) is based on the view that dementia is not merely a pathological state but a phenomenon open to different cultural interpretations that vary in time and place. I use critical gerontology combined with tools of literary gerontology as an approach to demonstrate how a literary work can be explored in relation to modern changing cultural, sociological, and medical discourses on aging and senility. Literary texts are examined in the social and literary framework of discourses of senility/dementia in today's Russia. Consequently, my approach to senility is antiessentialist; in other words, I do not assume the existence of either a single nature or single form of manifestation of the phenomenon, but focus on the ways it is experienced and articulated in fiction.

My main method in the analysis of literary texts is content-based study drawing close attention to ways of representing dementia/senility. The following methods of narratology are used in close reading of the texts: examination of the position/relationship of the narrator to the subject matter (in Katerli's story) and study of the role of the poetics of space in articulating senility (in Sadur's story).

Thus, the aim of my analysis is to provide some examples of "senility discourses" in literary representations of old age in contemporary Russian short prose. Despite the fact that literary representations of old age have attracted growing scholarly interest, literary discourses of aging, let alone senility, have so far not received much attention among scholars of Russian literature and culture.¹⁵

Stories focusing on old age and senility seem to be rare in Russian literature. It is difficult to find texts with the focus on an elderly protagonist with cognitive impairment. There are stories with old, senile characters (mostly women), but they usually have a secondary role in the story and their condition is not explicitly dealt with. The fact that the presented authors and their protagonists are all women demonstrates that, perhaps, male authors are less interested in the subject. This seems to suggest that the question of dementia is gendered and that the phobias toward aging are projected more on old women than men.

Nina Katerli's "Na dva golosa" and Nina Sadur's "Stul" are chosen for analysis precisely because they portrait the protagonists' experience of mental disorders connected to senility. Moreover, by choosing texts written by renown professional

¹⁵ For some recent accounts of literary representations of aging, see Gramshammer-Hohl (2017).

writers I want to demonstrate how different literary means can be used successfully to express that experience. Like in the Western world, in Russia, too, dementia discourse today is largely shaped by popular culture, through nonfiction accounts of family-member caregivers and nonprofessional writers who achieve readership in the social media. These accounts inevitably put at the center the subjectivity of the caregiver rather than that of the person experiencing dementia.

Portraits of old people with cognitive problems or mental and physical frailty in these two novels represent contemporary Russian prose. In these stories senility is in one way or another connected to the theme of family or intergenerational relationships, as is often the case with all dementia narratives. Not unlike in popular media representations, dementia as a term appears rarely in Russian literary texts, but the condition is usually referred to as *starcheskoe slaboumie* or the more value-laden terms *starcheskii marazm*, or *bezumie* (madness). It is common in Russia that symptoms of dementia/senility are compared to psychic disorders, to insanity, which is reflected in literary representations.

In what follows I will look at the following questions: How to make age-related cognitive change tellable without resorting to the medical discourse or to discourses in the popular media that in Marlene Goldman's words (2017:4–7, 29–36) resemble apocalyptic and Gothic horror stories? How to use narrative devices in order to give a voice to personal experience of a dementing illness? Are the current intersecting views of the biomedical model and the more traditional model of senility as belonging to “normal” aging both reflected in contemporary Russian prose?

ALTERNATING NARRATIVE PERSPECTIVES

Nina Katerli's short story “In Two Voices,” published in 2003, is set in Russia during the early 2000s. It tells about the strained relationship between an aging mother and her daughter sharing the same household. The focus of the story is on the effect on intergenerational relations of the growing dependence and need for care of the aging parent. In terms of gender, Katerli's story, with its middle-aged daughter looking after her aging mother, is indicative of the most common case of a family caregiver in Russian society today.¹⁶

The story begins with a first-person narrator, the daughter Anzhelika, telling about the situation from her point of view. Anzhelika is annoyed with her self-pitying mother, who demands attention and loving care. Ol'ga Nikolaevna, the mother, has memory problems: she forgets the kettle on the stove and loses her apartment keys. She telephones Anzhelika at work several times a day. One day she forgets to switch off the gas, after which the daughter threatens to take her to a psychiatrist and place her in a hospital. The frightened mother's reaction is fierce. She threatens to kill herself:

¹⁶ According to Ol'ga Isupova's sociological studies, it is taken for granted that a daughter will take care of her elderly parents or grandparents. Male caregivers are rare and they have even more difficulties in coping with the situation of caring for their elderly relatives (Lepina 2014). For a further discussion of caregivers' narratives in Russian literature, see Könönen (2020).

"I'd rather kill myself!" she sobbed.... "I did not know that my own daughter is my enemy! You need the apartment so that you could receive your lover. Do you think that I am blind? I understand everything; I am just a burden, and I don't have any reason to live!" (Katerli 2003)¹⁷

In the second part of the story the perspective suddenly changes to that of Ol'ga Nikolaevna. Instead of a first-person narrator, the mother's narrative is for the most part told by a third-person narrator, which allows for emotional distancing from one's self. After the row with the daughter Ol'ga Nikolaevna decides to take destiny into her own hands. She plans to commit suicide at her late husband's grave. Before carrying out her intention she visits a psychotherapist for a consultation. Despite the undertone of irony—another sign of emotional detachment—the depiction of her conversation with the doctor illustrates the prevailing negative associations with old age. Furthermore, it is indicative of the confusion with medical terminology. Changes in Ol'ga Nikolaevna's health and memory are not yet very severe, but the future perspective with the impending doom of "the three D's" seems less bright:

The doctor happened to be a wise and honest woman. She told frankly that there is nothing to be done, that when getting on in years, one does not get better. Sooner or later nearly everyone has to face the three D's: depression, dementia, and delirium. Delirium means senility, which Ol'ga Nikolaevna, thank God, did not have yet and would not have under the circumstances. But she did have depression and symptoms of dementia. It is true that she forgets to switch off the gas and loses her keys. And what next? (Katerli 2003)¹⁸

Interestingly, the term "dementia" is used only to denote occasional memory problems, while the colloquial Russian word for a female senile person, *marazmatichka*, seems to embrace a socially dead person who has lost not only her interest in actual matters but also her ability for reasoning. The person with symptoms of senility is paralleled to a madwoman also with a colloquialism: "у мамы едет крыша" (mother is going mad).

It turns out that it was the psychotherapist who had advised Ol'ga Nikolaevna to put down on paper the troubling mother-daughter relationship from the viewpoint of both sides. The doctor asked her to place herself in Anzhelika's position and look at the situation first through the eyes of the daughter. As a result, Katerli's narrator positions herself in the first part of the story as an object and in the second part as

¹⁷ "— Я лучше покончу с собой! — всхлипывала она. [...] Я не знала, что родная дочь — мне враг! Тебе понадобилась квартира, чтобы принимать любовника. Думаешь, я слепая? Я все понимаю, я — только помеха, и жить мне незачем!"

¹⁸ "И врачаха попалась умная и честная. Прямо сказала — ничего не поделаешь, с годами человек не становится лучше. Почти каждого рано или поздно настигают три «Д» — депрессия, деменция и делириум. Делириум — это старческое слабоумие, этого у Ольги Николаевны, слава Богу, пока еще нет и теперь уже не будет. Зато депрессия и частично деменция — есть. Ведь забывает же она выключить газ, и ключи теряла. А дальше?"

a subject of narration. With the technique of double voicing and with perceiving herself from the other side, the mother actually makes herself available to herself and to the reader.

Katerli's narrative strategy of double exposure succeeds in conveying both protagonists' thoughts and emotions from within. She manages to bring to the fore the conflicts, mutual feelings of guilt and irritation, depression and anxiety from both the sufferer's and the caregiver's points of view.

Moreover, with her double perspective Katerli manages to operate with at least two "truths" of the situation and points out at once that neither the daughter nor the mother alone is to be blamed for their embittered relationship. In this way Katerli provides the reader with an opportunity to identify with both protagonists and, more importantly, gives room for the voice and self-definition of the elderly protagonist by utilizing the characteristic of narrative fiction to inhibit another person's consciousness imaginatively. Ultimately, with the double exposure the emphasis on the drama of decline (and the threat of suicide) is removed and the focus is transferred to the manner of interaction between the aging mother and her daughter.

BYT AS REFLECTION OF MENTAL DISORIENTATION

Nina Sadur's 2014 short story "The Chair" also deals with the relationship between a demented mother and a middle-aged daughter, but its main focus is on the mother and her immediate surroundings, her home. Sadur is a prose writer whose works have been compared to poetry. They are like fragments in a mirror that reflect life through transformations rather than directly. Due to these metamorphoses, each little story contains several layers, from realistic scenes to imaginary mindscapes.

"The Chair" is a perfect example of such a multilayered narrative. Certain aspects of Sadur's works connect them to the so-called post-realist women's prose: they encompass a sense of verisimilitude in portraying elderly female protagonists in their everyday life. Very often her female protagonists live in poor conditions in a communal apartment. The narrow living space provides a limited setting for the narrative where events evolve around the mundane routine of everyday existence. A connection between space and narration, spatial poetics of the home in particular, is attributed to post-realist writing. These characteristics pertain to the story "The Chair" as well. The main protagonist of the three-page-long story is depicted in her tiny room surrounded by and characterized through the spatial elements of the interior that constitute her daily ambience.

Russian language has a particular term, *byt*, for the cultural space of everyday life. According to Yuri Lotman, a cultural semiotician, *byt* means

the ordinary flow of life in its real and practical forms. It is the things that surround us, our habits and everyday behavior. *Byt* surrounds us like air, and, like air, is only noticed when it is spoiled or in short supply.... *Byt* is ... always located in the realm of practice; it is above all the world of things. (Lotman 1994:10, quoted in Sutcliffe 2009:8)

So, the surrounding material world including the domestic space with its physical objects like furniture, clothes, and kitchen utensils is not merely a storeroom of things gathered during one's lifetime, but carries a deeper significance. In his famous book *La poétique de l'espace* (The Poetics of Space) the French philosopher Gaston Bachelard maintains that "reading a home" or "reading a room" is a guide for writers and poets to follow that leads inside the minds of their literary characters ([1957] 2000:75).

In my analysis I also use the poetics of space and matter as a tool that helps to expose the disorientation of the elderly nameless protagonist of "The Chair" in her domestic space. Sadur's story opens with a scene taking place in the room of the old woman at the moment when she begins to lose control of the familiar surroundings. As is known, problems of disorientation in the sense of not knowing where one is and what one is supposed to do with everyday articles are characteristic of AD and intensify so as the disease progresses. My focus is on the strategy of writing employed by Sadur in conveying the lived experience of the protagonist's growing disorientation in time and place:

Where to place the chair?

All the walls are tightly filled with furniture. The door—cupboard, TV, window, wardrobe, sofa bed, Singer treadle sewing machine—the door.

Not a single gap.

But it's necessary to place the chair. A chair cannot stand in the middle of the room. Then there would need to be a table beside it. A small table. There's no room for a big one. A small one. Coffee table. But she does not drink coffee. (Sadur 2014:429)¹⁹

With these opening lines Sadur leads us into the home of the old woman living apparently alone in her small room. The storyline begins from the moment of confusion one morning when she stumbles into a chair in the middle of the room. The protagonist's consciousness is the center of perceptions and thoughts, although the narrative is focalized through an invisible omniscient narrator. By depicting the interior of the room in detail, the author not only draws the concrete outlines of the protagonist's world but also simultaneously tells about her daily habits.

As she tries to find a place for the chair, she goes through all the pieces of furniture in the room and by so doing not only confirms the contours of her living space but also reveals her inner confusion. She does not remember where the chair used to stand. It seems that her ability to orient in space depends on the established order of things that should remain the same. A sudden change in this order upsets her

¹⁹ "Куда поставить стул?

Все стены заставлены плотно. Дверь – сервант, телевизор, окно, шифоньер, диван-кровать, ножная машинка «Зингер» - дверь.

Ни одного просвета.

Но стул необходимо поставить. Стул не может стоять посреди комнаты. Тогда к нему нужен стол. Столик. (Большой не влезет.) Маленький, кофейный. Но она не пьет кофе."

mind. This fact implies that *byt* is a valuable resource of support that stresses the importance of the ordinary and the meaning of order particularly for persons in the grip of a dementing illness.

Later in the story the protagonist tries to solve the puzzle of the chair by naming the pieces of furniture one by one for the second time. The repetition emphasizes the figurative narrative materiality of the story, the fact that it focuses on tangible phenomena instead of abstract concepts. The ordinary flow of life is suddenly interrupted by the emergence of the chair in the middle of the room. A material object in space reveals a memory gap in the protagonist's mind, indicating a break in her life story.

But the problem with the chair remains unsolved. She tries to narrow down the possibilities systematically, going through all alternative places once again. This demonstrates a problem-solving capacity as well as an ability to reflect on the consequences of her potential actions despite her memory problems. It turns out that the chair used to belong to another room in the apartment, to another time, when her daughter still lived with her and the six chairs around a big table were signs of social life and belonging to a family. Her reluctance to enter this other room, because it "frightens her with its arrogant furniture and lifelessness," tells about her present social isolation. In this way the chair serves as a broken link that used to connect her present to the past.

In spite of her progressing senility, the protagonist is still able to recognize the room as her home. She tries to make order in her mind by naming all the domestic items in the order that they appear in space. This process of placing is an attempt to reinforce her sense of self and its dependence on her place identity. After her daughter's mysterious disappearance from her consciousness ("she started to melt away") and most likely from the apartment as well, the old woman begins to live more and more in her hallucinations. From the outside she seems to lead a rather normal life until her second attempt to find the proper place for the chair.

She struggles hard to the point that the room begins to whirl. She attempts to bring the whirling to a halt by sitting on the chair, but she realizes that she is not able to move from her bed. Thus it is the chair that triggers a state where she can no longer control either her body or her mind. Her grip on reality loosens and she begins to live in her fantasy world. The story ends with the protagonist's hallucinatory return to her childhood. In her vision of her seven-year-old self, the present moment and her childhood merge into one. The child appears to be an angel, although with shabby, flaring wings, that resolves the puzzle of the chair once and for all by placing it "in its right place." After witnessing this miracle, the old protagonist closes her eyes in delight and gratitude.

The move from the realistic level of narration with its recognizable social and cultural milieu to a level where spatial and temporal constraints begin to vanish is a typical trait of Sadur's prose. The overcoming of obstacles of space and time is equaled to going beyond the limits of rationality. Quite often the move manifests itself as some sort of madness, a privileged state of mind opposed to a rational, con-

ventional life (Parnel' 1998). In this move from one level to another, inner visions and emotions obtain a visible form and imagination proves to be an indispensable resource.

Mikhail Bakhtin (Bahtin [1963] 1991:172) has written about a state of mind characteristic to dreams and hallucinations when one "ceases to be consistent with oneself, losing one's unequivocal and finite nature." This state provides one with a chance to see human beings in a new light, with broken integrity and finiteness. In the Bakhtinian sense, the move into the world of hallucinations of the senile protagonist that constitutes the mysterious denouement of Sadur's short story indicates not an end but a new beginning.²⁰ The fact that the old woman recognizes in the angel's face her own innocent childhood self suggests that all stages of life coexist inside her. Apart from giving room for the power of imagination, Sadur leaves large gaps for various interpretations of the details of her story.

CONCLUSION

In my view, both Katerli and Sadur succeed in portraying the experience of cognitive impairment without reproducing the typical discourse of tragedy. Furthermore, they avoid all romanticization of the subject matter by conveying a convincingly realistic picture of senility and its potentially destructive impact on both the person affected by it and on members of his/her family.

Neither author depicts signs of dementia as indicators of an incurable brain disease depicted by the biomedical discourse. In Katerli's text the word "dementia" emerges once as an inevitable impending threat, but the writer hints to its symptoms briefly with vague terms. Senility is mentioned a couple of times, and Ol'ga Nikolaevna's condition is related to aging. However, the changes in her psychic condition may also be regarded as a consequence of the trauma and stress caused by her husband's death. Moreover, in Katerli's story the "mental disorder" of the mother seems rather as a disorder in family relations than an individual pathology.

In Sadur's story there is no direct indication of any kind of illness or old age for that matter. Despite the absence of clinical terminology, the protagonist's behavior points to obvious signs of dementia. She is aggressive and suspicious, has problems with moving and memory as well as with orientation in space and time. She has hallucinations and cannot separate them from reality. Sadur's portrayal of the old woman does not take any kind of moral, social, or medical stance toward her behavior. It seems to be free of predetermined discourses and stigmatizing labels.

Despite the absence of direct allusions, both texts interact discursively with the complex and conflicting social discourses on aging that affect our perceptions of later life. The writers describe the inner state of their elderly protagonists but do not explain their thoughts, feelings, or behavior as pertaining to a particular discursive

²⁰ In her novel *Kazus Kukotskogo* (The Kukotsky Enigma), Ludmila Ulitskaya depicts the hallucinatory world of the possibly dementing protagonist as entering another mysterious reality.

framework or model. Rather, they are depicted as individuals affected by their immanent environment. In sum, both stories do not easily coalesce with theoretical positions of the contemporary dementia discourses, neither with the biomedical model nor with that of senility as part of “normal” aging.

With these two examples from contemporary Russian prose I wanted to show that it is possible to depict dementia or senility without resorting to the tragic narrative of loss suggested by the medical discourse. I do not want to deny the biological basis of the condition, but, rather, I aim to stress that dementia and senility as conceptions are open to interpretations that go beyond the boundaries of the medical field. At their best, literary texts can build a bridge between the pathology of dementia and the sufferer’s experience of the disease, thereby complementing the efforts of biomedical research.

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СОВРЕМЕННЫЕ НАРРАТИВЫ О СТАРЧЕСКОМ СЛАБОУМИИ

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Эссе было написано в рамках проекта «На границах “нормального”: культурные представления о деменции и старении в финской и русской культурах», финансируемого Фондом Коне (Koneen säätiö).

В эссе рассматриваются различные дискурсы о старческом слабоумии и вопрос о том, какое воздействие два конкурирующих (или, возможно, комплементирующих) дискурса – биомедицинский дискурс о деменции и дискурс о старческом слабоумии как части «нормального» старения – оказывают на наше представление о старости и на отношение к пожилым людям. Автор рассматривает также роль художественной литературы в представлениях о старческом слабоумии.

Поскольку в представленном анализе художественных текстов сочетаются элементы критической геронтологии с методами нарратологического анализа, предлагаемый в статье подход можно отнести к «литературной геронтологии» (literary gerontology) – развивающейся области гуманитарных исследований, которая охватывает различные жанры от художественной литературы до non-fiction. Этот «двойной» подход, соединяющий собственно литературоведческие методы и методы «культурной геронтологии» (cultural gerontology), позволяет изучать старческое слабоумие как исторически обусловленные и культурно специфичные феномены и понятие.

В эссе представлен анализ двух произведений современной российской прозы – рассказов Нины Катерли «На два голоса» и Нины Садур «Стул». На этих примерах автор показывает, как в художественном произведении отражаются преобладающие культурные, социологические и медицинские дискурсы и нормы, касающиеся старения. Для изучения тех художественных средств, которые используются в упомянутых рассказах для передачи опыта старческого слабоумия от лица самих пожилых протагонистов, автор использует метод нарратологического анализа.

Ключевые слова: деменция; старческое слабоумие; литературная геронтология; современная российская проза